3. RECORDKEEPING REQUIREMENTS

3.1 Industrial Hygiene and Radiological Monitoring Records

The IH will record airborne monitoring and/or sampling data (both area and personal) and enter data into the Hazards Assessment and Sampling System (HASS). All monitoring and sampling equipment will be maintained and calibrated per INEEL procedures and the manufacturer's specifications. Industrial hygiene airborne monitoring and sampling data are treated as limited access information and maintained by the IH per INEEL Safety and Health Manual procedures. Any airborne monitoring or sampling done by non-IH/safety personnel will be documented in a project-controlled logbook, to be reviewed, signed, and dated by the IH.

The RCT maintains a logbook of operational activities relating to radiological data and instrument calibrations. Radiological monitoring records are maintained according to Company Manuals 15A and 15B.

Site personnel, or their representatives, have a right to both IH and RCT monitoring and sampling (both area and personal) data.

3.2 FTL Logbook and Site Attendance Logbook

The FTL will keep a record of daily site events in the FTL logbook and will maintain accurate records of all personnel (workers and nonworkers) who are onsite each day in a site attendance logbook. Logbooks must be obtained from Administrative Record and Document Control (ARDC). Completed logbooks are submitted to ARDC along with other documents at the project's completion.

3.3 Administrative Record and Document Control Office

The ARDC office will organize and maintain data and reports generated by ERP field activities. The ARDC maintains a supply of all controlled documents and provides a documented system for the control and release of controlled documents, reports, and records. Copies of the management plans for the ERP, this HASP, the quality program plan for the ERP (PLN-125), the QAPjP, and other documents pertaining to this work are maintained in the project file by the ARDC. All project records and logbooks, except IH and RCT logbooks, must be forwarded to ARDC within 30 days after completion of field activities.

4. PERSONNEL TRAINING

All site personnel will receive training as specified in OSHA 29 CFR 1910.120/1926.65 and the INEEL Safety and Health Manuals. Radiation workers will be trained according to MCP-126, "Training." Table 4-1 summarizes training requirements for site personnel. Specific training requirements for each worker may vary depending on the hazards associated with their individual job assignment and required access into radiologically controlled areas.

Proof that all required training courses have been completed (including applicable refresher training) must be maintained on the site at all times. Examples of acceptable written training documents include "40 Hour OSHA HAZWOPER Card," INEEL "Respirator Authorization Card," "DOE Certificate of Core Radiological Training II Card," "Medic/First Aid Training Card," and/or a copy of an individual's or department's (INEEL only) TRAIN System printout demonstrating completion of training. A copy of the certificate issued by the institution where the training was received is also acceptable proof of training. The DOE radiological worker training must be documented on an official authorized card and have the designated INEEL site-specific training stamped or written on the card (unless issued prior to March 1997).

Before beginning work at the site, site-specific safety orientation training will be conducted by the FTL, FCC, and HSO. This orientation will consist of a complete review of this HASP and attachments, with time for discussion and questions. At the time of this training, personnel training records will be checked and verified to be current and complete for all required training shown in Table 4-1. Upon completing site-specific orientation training, personnel will sign the training acknowledgment form (Appendix A of this HASP) indicating that they have received this training, understand the tasks and associated hazards, and agree to follow all HASP and other safety requirements. Ordinance awareness training will be provided to all site personnel during the site-specific safety orientation training.

For this project, the FTL, FCC, or HSO will monitor each 40-hour trained worker's performance for three days of site activities. This will satisfy the HAZWOPER initial 24-hour supervised site-specific training. After observing satisfactory work performance, the supervisor will complete the observation checklist (Appendix B) and the worker signs the Field Experience Acknowledgment Form indicating acceptable performance during the three days of actual HAZWOPER activities. For 24-hour trained HAZWOPER workers, the same procedure will be followed except the supervised field experience will only last one day. A copy of this form will be provided to the worker.

Note: *Copies of project forms will be submitted to the ER training coordinator for inclusion in the TRAIN system within five working days of the training.*

The FCC, FTL, HSO, and RCT, as applicable, will conduct daily prejob safety briefings on task(s) to be performed that day. During this briefing, tasks are to be outlined, hazards identified, hazard controls and work zones established, PPE requirements discussed, and employees' questions answered. At the completion of this briefing, work control documents will be read and signed safe work permits (SWPs), radiation work permits (RWPs), etc.). Emphasis will be placed on lessons learned from the previous day's activities and how to accomplish tasks in the safest, most efficient manner. All personnel will be asked to contribute ideas to enhance worker safety and mitigate potential personnel exposures.

Table 4-1. Required training for site personnel.

Task/Position (Topic)	FTL, JSS, FCC, or HSO	Field Team	Occasional Workers	Visitors [b]
Site-specific training [c]	X	X	X	X
Decontamination (HASP Section 10) [d]	X	X	X	X
Hazard communication [d]	X	X	X	X
Fire extinguisher training [d]	X	X	X[e]	X[e]
Site control and warning devices [d]	X	X	X	X
HASP Emergency Response plan (Section 11) [d]	X	X	X	X
40-hour HAZWOPER [e]	X	X	X[g]	X[g]
24-hour HAZWOPER occasional worker [f]	NR	NR	X[g]	X[g]
8-hour HAZWOPER site supervisor	X	NR	NR	NR
Hearing conservation	X[g]	X[g]	X[g]	X[g]
DOE Radiological Worker II/Radiological Worker I	X	X	X[g]	NR
CPR and medic first aid [h]	X	NR	NR	NR
Respirator qualification and fit test	X[i]	X[i]	NR	NR
INTEC site-specific training	X	X	X	X
HAZMAT employee general awareness training [j]	X	X	X	NR

a. Nonworkers (occasional site workers) who must enter the EZ are required to have the training necessary to perform their assigned tasks within the EZ. This may include the same training as FTL (depending on the task location).

b. Visitors are required to meet the nonworker training requirements, at a minimum, if they enter the EZ.

c. Training will be documented using HASP acknowledgment forms (site-specific training and 24-hr. supervised experience).

d. Will be included in site-specific training.

e. Includes 40 hours of classroom instruction and 24 hours of supervised field experience.[a]

f. Includes 24 hours of classroom instruction and 8 hours of supervised field experience.[a]

g. As required based on project duties and site zone access requirements.

h. Two Medic First/CPR qualified individuals must be present during site activities.

i. If entering areas requiring respirator use.

j. If identified as "HAZMAT" employee (i.e., anyone who directly affects hazardous material transportation safety by handling, packaging, labeling, loading, unloading, moving, driving, etc. [per 49 CFR 171.8]).

X = required, NR = not required.

5. OCCUPATIONAL MEDICAL SURVEILLANCE PROGRAM

The INEEL and subcontractor site personnel will participate in the INEEL occupational medical program (OMP), as required by DOE Order 5480.8a and 29 CFR 1910.120/1926.65. Medical surveillance examinations will be provided before assignment, annually, and after termination of hazardous waste site duties or employment. This includes personnel who are or may be exposed to hazardous substances at or above the OSHA permissible exposure limit (PEL) or published exposure limits, without regard to respirator use, for 30 or more days per year. Personnel who are either required to wear a respirator to perform their job, or who need to take respirator training to perform their duties under this plan, must participate in the medical evaluation program for respirator use at least annually as required by 29 CFR 1910.134 (1910.139 when the final rule becomes effective). This HASP, task hazard analysis, required PPE, confined space entry, and other exposure-related information must be provided to an OMP physician for each employee. Exposure monitoring results and hazard information furnished to the OMP physician must be supplemented or updated annually as long as the employee is required to maintain a hazardous waste/hazardous material employee medical clearance.

Note: *Project management will ensure an employee job function evaluation is validated by the project IH and then submitted to the OMP for review before an employee can begin work on the project. Employees may not work on the project until the OMP has sent a medical clearance to management or the IH has validated no substance specific medial evaluation is needed.*

The OMP physician will evaluate the physical ability of an employee to perform the work assigned, as identified in the site HASP or other job-related documentation. A documented medical clearance (physician's written opinion) will be provided to the employee and line supervisor stating whether the employee has any detected medical condition that would place him/her at increased risk of material impairment of his/her health from work in hazardous waste operations, emergency response, respirator use, and confined space entry, will be provided to the employee and line management. The physician may impose restrictions on the employee by limiting the amount and/or type of work performed. The OMP responsibilities, with regard to personnel assigned to hazardous waste site activities, include, but are not limited to, the following:

- Providing current comprehensive medical examinations (as determined by the examining physician) at an INEEL medical facility for full-time personnel
- Obtaining records/reports from employee's private physicians, as required by the OMP director
- Performing a medical evaluation on return-to-work cases following an absence in excess of one work week (40 consecutive work hours) resulting from illness or injury
- Conducting a medical evaluation if either management questions the employee's ability to work or if the employee questions his/her own ability to work.

The attending physician will evaluate all information provided including medical questionnaires, physical exam findings, blood chemistry and urinalysis results, preexisting medical conditions, nature of

work to be performed, actual and potential hazards and exposures, and other factors deemed appropriate by the physician for determining the following for each employee:

- Ability to perform relevant occupational tasks
- Ability to use respiratory protection
- Ability to work in other PPE and heat/cold stress environments
- Requirement for entry into substance-specific medical surveillance programs.

If the OMP lacks sufficient information to complete a medical evaluation before respirator training, the employee's supervisor will be notified. The employee will not be permitted to fit test until the needed information is provided and any additional examination or testing is completed.

5.1 Subcontractor Workers

Subcontractor site personnel will participate in a subcontractor medical surveillance program that satisfies 29 CFR 1910.120/1926.65 requirements. This program must make available medical examinations before assignment, annually, and after termination of hazardous waste duties. The physician's written opinion will serve as documentation that subcontractor personnel are fit for duty.

Medical data from the subcontractor employee's private physician, collected pursuant to hazardous material worker qualification, will be made available to the INEEL OMP physicians upon request. Also, subcontractor employee's past radiation exposure histories must be submitted to INEEL radiation section, Dosimetry and Records organization, in accordance with the *INEEL Radiation Protection Manual,* ISA; MCP-188, "Issuance of TLDs and Obtaining Personnel Dose History"; and MCP-2381, "Personnel Exposure Questionnaire."

5.2 Injuries on the Site

It is the INEEL policy that an OMP physician examine all injured personnel if an employee is injured on the job, if an employee is experiencing signs and symptoms consistent with exposure to a hazardous material, or if there is reason to believe that an employee has been exposed to toxic substances, physical, or radiological agents in excess of allowable limits.

Note: *Subcontractor employees will be taken to the closest INEEL medical facility to have an injury stabilized before transport to the subcontractor's treating physician or medical facility.*

In the event of a known or suspected injury or illness due to exposure to a hazardous substance, or physical or radiological agent, the employee(s) will be transported to the nearest INEEL medical facility for evaluation and treatment, as necessary. The FTL is responsible for obtaining as much of the following information as is available to accompany the individual to the medical facility:

- Name, job title, work (site) location, and supervisor's name and phone number
- Substances, physical or radiological agents (known or suspected); material safety data sheet (MSDS), if available
- Date of employee's first (known) exposure to the substance, physical or radiological agent

- Locations, dates, and results of relevant airborne exposure monitoring and/or sampling
- PPE in use during this work (for example, type of respirator and cartridge used)
- Number of days per month PPE has been in use
- Anticipated future exposure to the substance physical or radiological agent.

The treating/examining physician will determine further medical evaluation and symptoms observed, hazards involved, exposure level, and specific medical surveillance requirements established by the OMP director in compliance with 29 CFR 1910.120/1926.65.

As soon as possible after an injured employee has been transported to the INEEL medical facility, the FTL or designee will make notifications outlined in Section 11 of this HASP.

5.3 Substance-Specific Medical Surveillance

The contaminant concentrations and potential for exposure in Section 8 indicate that no occupational exposures approaching the regulatory substance-specific action limits are anticipated. Therefore, substance-specific medical surveillance is not anticipated for site workers.

6. ACCIDENT PREVENTION PROGRAM

The OU 3-13, Group 5, SRPA activities present potential chemical, radiological, and physical hazards to personnel conducting the required tasks. It is critical that all personnel understand and follow the project-specific requirements of this HASP. Engineering controls, hazard isolation, specialized work practices, and the use of PPE will all be implemented to eliminate or mitigate all potential hazards and exposures. However, every person on the site must actively participate in the identification and control of hazards.

6.1 Voluntary Protection Program

The INEEL's safety process embraces the Voluntary Protection Program (VPP) criteria, principles, and concepts. All levels of management are responsible for implementing safety policies and programs and for maintaining a safe and healthful work environment. Project personnel and subcontractors are expected to take a proactive role in preventing accidents, ensuring safe working conditions for themselves and fellow personnel, and complying with all work control documents and approved procedures.

The VPP is a process that promotes and encourages continuous safety improvement but is not a requirement of any regulatory agency. INEEL and subcontractors participate in VPP voluntarily for the safety of their employees. The VPP incorporates five key elements:

1. Management commitment to safety and health is demonstrated through their visibility in the workplace and providing the necessary resources.

2. Employee involvement means that employees have an active and meaningful role in contributing to the structure and operation of the safety and health program. This involvement results in ownership of the safety and health program by all employees.

3. Project site analysis includes analysis of new facilities and processes, comprehensive safety and health surveys, routine self-assessments, a reliable system for employees to report hazards, and an accident/incident investigation system and trend analysis.

4. Hazard prevention and control means that written safety rules and safe work practices must be in place to eliminate and/or control hazards.

5. Safety and health training is provided to all employees to ensure that they know what their responsibilities are and what is necessary to protect them from safety and health hazards.

6.2 General Safe-Work Practices

The following procedures are mandatory for all INEEL and subcontractor personnel working on the site. All site visitors entering the site area (SZ and beyond) must follow these procedures. Failure to follow these practices may result in permanent removal from the site and other disciplinary actions. The FCC, FTO, and HSO are responsible for ensuring these hazard control practices are followed at the site:

- Limit access to authorized INEEL, subcontractor, and visitor personnel only.

- All personnel have the authority to initiate **STOP WORK** actions. MCP-553, "Stop Work Authority" will be used.

- Absolutely no eating, drinking, chewing gum or tobacco, smoking, applying cosmetics or any other practice that increases the probability of hand-to-mouth transfer and ingestion of materials except in designated zone(s).

- Be aware of and comply with all safety signs, color codes, and barriers. Adhere to the MCP-2714, "Safety Signs, Color Codes, and Barriers."

- Be alert for dangerous situations, strong or irritating odors, airborne dusts or vapors, and broken containers. Report all potentially dangerous situations to the FCC, FTL, or HSO.

- Avoid direct contact with potentially contaminated substances. Do not walk through spills or other areas of contamination. Avoid kneeling, leaning, or sitting on equipment or ground that may be contaminated.

- Be familiar with the physical characteristics of the site, including, but not limited to:

  - Wind direction
  - Accessibility of fellow personnel, equipment, and vehicles
  - Communications at the site and with other nearby facilities
  - Areas of known or suspected contamination
  - Major roads and means of access to and from the site
  - Nearest water sources and fire fighting equipment
  - Warning devices and alarms
  - Capabilities and location of nearest emergency assistance.

- Report all broken skin or open wounds to the FCC, HSO, or FTL. An INEEL physician will determine if the wound presents a significant risk of internal chemical or radiological exposure. The OMP physician will consider how the wound can be bandaged and will recommend PPE to be worn by the injured employee. Personnel with unprotected wounds will not be permitted to enter chemical or radiological contaminated areas, nor will they handle contaminated or potentially contaminated materials at the site without having been examined by an INEEL OMP physician.

- Prevent releases of hazardous materials, including those used at the site. If a spill occurs, try to isolate the source (if possible and if this does not create a greater exposure potential), and then report it to the FCC, FTL, or HSO. The INTEC SS will be notified and additional actions taken as described in Section 11. Appropriate spill response kits, or other containment and absorbent materials, will be maintained at the site.

- Avoid unnecessary and excessive movement during decontamination.

- Electrical equipment, wiring, cables, switches, and current overload protection will meet applicable regulations and be maintained in a manner that provides protection for project

personnel from shock hazards, injury, and prevents property damage. Ground-fault protection will be provided whenever outdoor electrical equipment is used.

- All ignition sources are to be kept at least 15 m (50 ft) from explosive or flammable environments. Nonsparking, explosion-proof equipment is to be used if a safety professional advises.

- Personnel entering the exclusion zone will implement the "buddy system" (see Section 6.4 of this HASP).

- Proceed directly to a radiological survey station upon leaving a radionuclide-contaminated zone. Avoid touching the face, mouth, and eyes until a survey has been performed.

- Personnel who wear contact lenses will comply with MCP-2716, "Personal Protective Equipment."

6.3 ALARA Principles

All project tasks will be evaluated with the goal of eliminating or minimizing exposures. Unplanned and preventable exposures are considered unacceptable. Personnel working at the site must strive to keep radiological and chemical exposure*s as low as reasonably achievable* (ALARA) by implementing the following practices:

- Radiological and safe-work permit compliance

- Radiation and chemical exposure limit awareness

- Adhere to all written and verbal radiological and chemical safety requirements

- Awareness of personal chemical and radiological exposure history

- Work within ALARA guidelines and make suggestions as needed

- Minimize the production of all chemical- and radiological-contaminated wastes

- Minimize personal radiological and chemical exposure by adhering to these basic protection techniques:

  - Time—Exposure is minimized as time is minimized

  - Distance—Maintain a maximum distance from all radiation and chemical sources

  - Shielding—Use any solid material (lead, steel, concrete) available for shielding

  - Ventilation—Use appropriate systems to control airborne exposures.

6.4 The Buddy System

The "buddy system" will be used at the site when personnel have entered the EZ. The buddy system requires each employee to assess and monitor his or her buddy's mental and physical well being during the course of the workday. A buddy must be able to do the following:

- Provide assistance
- Verify the integrity of PPE
- Observe their partner for signs and symptoms of heat stress, cold stress, or contaminant exposure
- Notify other personnel in the EZ if emergency assistance is needed.

Workers need to be able to see or hear and effectively communicate with their buddy at all times when in the EZ. Site personnel will be assigned a "buddy" by the FTL or JSS to work with and continually check on while work is performed in the EZ. A record of the buddy assignments will be maintained by the FTL and updated as necessary.

6.5 Nonradiological Contaminant Exposure Avoidance

Nonradiological contaminants are not expected at the sampling area. If nonradiological contaminants are detected, the following discussion will apply.

Potential exposure pathways that exist for radiological contamination apply equally to these nonradiological contaminants. Each contaminant has distinct physical, chemical, and mechanical properties that determine its toxicity. Threshold limit values (TLVs) have been estimated to provide guidelines in evaluating airborne and skin exposure to these chemicals and materials. They represent levels and conditions under which it is believed that nearly all workers may be exposed day after day without adverse health effects. Based on these TLVs, specific action limits have been established to further limit the potential for approaching contaminant TLVs.

The same engineering controls employed to eliminate or mitigate airborne radioactively will serve to control nonradiological airborne contaminants. Every effort will be made to isolate the source of these hazards through engineering controls and containment, where feasible. Some of these contaminants pose other exposure hazards from contact and skin absorption and the implementation of avoidance practices will serve to minimize the potential for exposures. Some methods of exposure avoidance at the site include

- Ensure all high-efficiency particulate air (HEPA) systems are operating when opened or handled
- Collect bags to isolate the source of contamination
- Wear all required PPE, inspecting all pieces before donning, taping all seams
- Change gloves frequently (when soiled) to prevent the spread of contamination

- Change PPE if it becomes damaged or soiled with source contaminants material (sludge, waste residue, etc.)
- Avoid handling material twice
- Minimize time in known or suspected contamination areas (vapors, sludges, waste residues)
- Doff PPE following radiological instructions and perform personal whole body survey as directed by the task RWP (if radiological contamination is present, it is likely that other nonradiological forms of contamination are also present—if contamination is found, perform decontamination for both)
- Wash hands, face, etc., before eating, drinking, smoking, or other activity that may provide a pathway for contaminants.

7. SITE CONTROL AND SECURITY

Based on the known and suspected levels of radionuclide and chemical contamination present at the site, work zones/radiological control areas will be established for each drilling location as appropriate. Entry into and exit out of site work zones will be controlled through the appropriate use of barriers, signs, and other measures described in this section (refer to MCP-2714). Personnel not directly involved with activities will be excluded from entering work zones. Nonworkers, such as inspectors, may be admitted to the site provided they are on official business. They need to be escorted by the HSO, FTL, or JSS and have demonstrated compliance with the training requirements in Section 4 of this HASP.

Figure 7-1 illustrates possible zone configuration per HSO, IH, SE, and RCT input/determination based upon anticipated and actual hazards detected during project activities. Both radiological and nonradiological hazards (including industrial safety hazards) will be evaluated when establishing the initial zone locations and size. Common barriers may be used to delineate both radiological and nonradiological work-zone postings, depending on the nature and extent of contamination. If common barriers are used, they will be delineated and posted according to both sets of requirements (29 CFR 1910.120 and 10 CFR 835) using appropriate colored rope and postings. These zones may change in size and location as project tasks evolve, based on site monitoring data, and as wind direction changes. Additionally, entrances and egress points may change based on these same factors.

Work zones may include, as appropriate, an exclusion zone, a contaminant reduction zone including a contaminant reduction corridor, and the support zone. MCP-187, "Posting Radiological Control Areas" will be used for posting and controlling access to radiologically controlled areas at the site, if required.

7.1 Exclusion Zone

The exclusion zone (EZ) will encompass the immediate work area around the chemical/ radiological contamination area. The minimum number of personnel required to safely perform the project tasks will be allowed into the EZ. The EZ is a controlled access zone at all times. An entry and exit point will be established at the periphery of the EZ/contaminant reduction corridor (CRC) to regulate the flow of personnel and equipment. A sign-in board or log will be used to track entry in and exit out of the EZ. The EZ boundary will be delineated with rope or printed hazard ribbon.

Factors that will be considered when establishing the EZ boundary includes: air monitoring data, radionuclide-contamination data, radiation fields, equipment in use, the physical area necessary to conduct site operations, and the potential for contaminants to be blown from the area. The boundary may be expanded or contracted, as this information becomes available, based on the aforementioned evaluations. If needed, radiologically controlled areas may be established within the EZ to restrict the movement of personnel and equipment.

Equipment will not be released from the contaminated area until a comprehensive radiological survey has been completed (hand-held instruments, swipes, etc.) in accordance with INEEL MCP-425, "Surveys of Materials for Unrestricted Release and Control of Movement of Contaminated Materials," and has met the radiological-specific free release criteria described in DOE Order 5400.5, Section II-5(c), and listed on Figure IV-1 (5400.5).

All personnel who enter the EZ will wear the appropriate level of PPE, as listed in Section 9, for the degree and type of hazards present. Absolutely no eating, drinking, chewing gum or tobacco,

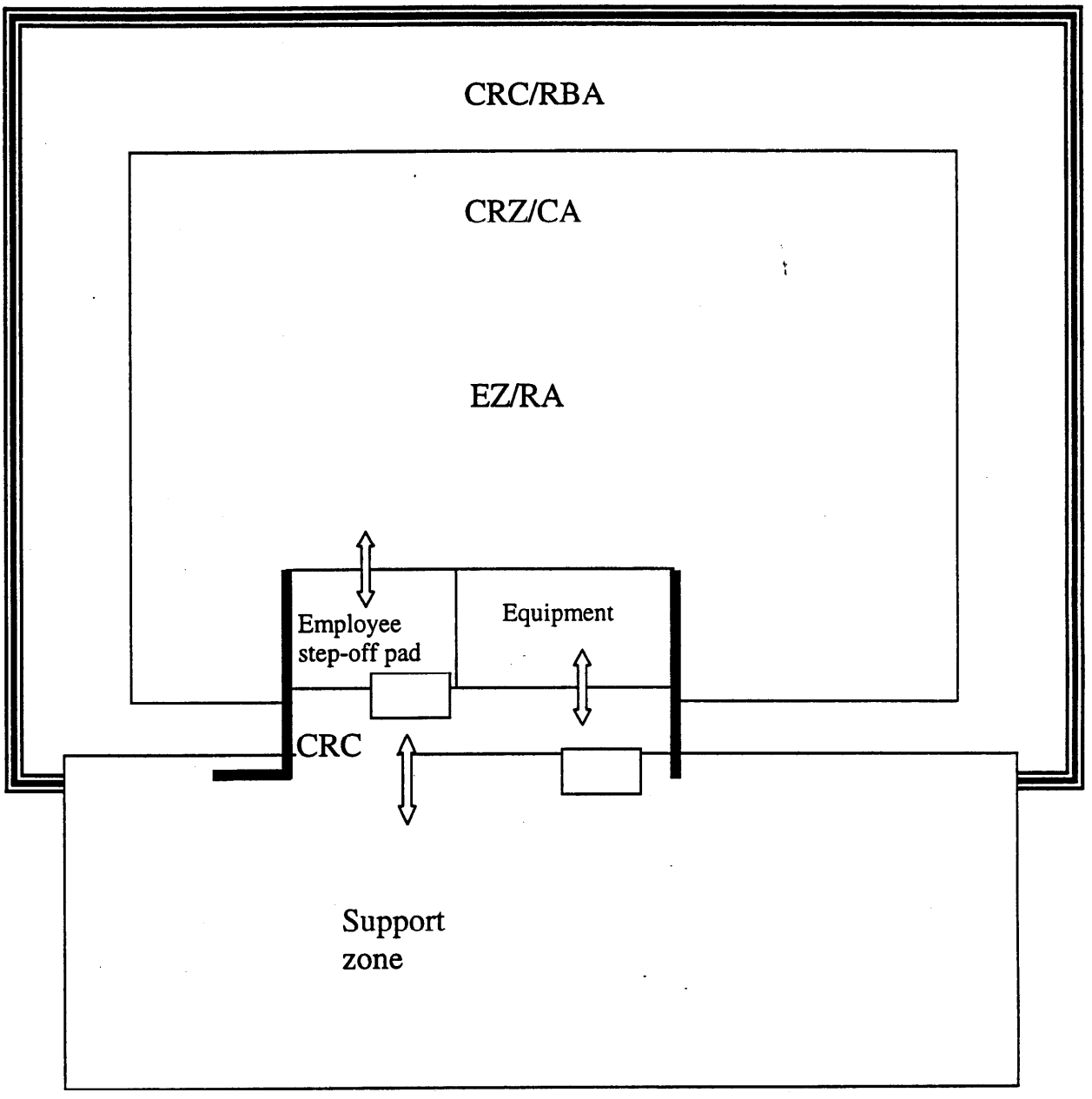

Figure 7-1. Example of controlled work (EZ, CRZ, CRC, and SZ) zones and radiologically control areas.

smoking, or any other activity, which increases the possibility of hand-to-mouth transfer and ingestion of materials, will be allowed in the EZ.

7.2 Contamination Reduction Zone and Corridor

The contaminant reduction zone (CRZ) and contaminant reduction corridor (CRC) are transition areas between the EZ and the support zone (SZ). A designated portion of this area will be used as a decontamination corridor for the removal of PPE and decontamination of equipment. The CRZ may also serve as a staging area for equipment and temporary rest area for workers. Because of the potential for contamination, PPE and sampling preparation and packaging materials should *not* be stored in the CRZ.

7.3 Support Zone

The SZ will be considered a radiological and chemical contaminant "clean" area. The location of the SZ will be upwind of the EZ (where possible) and readily accessible to the nearest road. The SZ is a controlled area outside the CRZ. Support facilities, project command center, vehicle parking, additional emergency equipment, extra PPE, and stored monitoring and sampling equipment will all be located in the SZ. Visitors who have not had appropriate training and have not received site-specific training will be restricted to this zone.

The project SZ will be established and demarked by the HSO or FTL. This area will be delineated using construction fence or equivalent material to prevent nonproject personnel from entering the area and/or inadvertently entering a more restrictive work zone (e.g., CRZ or EZ).

Site work zones and radiologically controlled areas will be maintained during off-hours and weekends. These zones and areas will remain intact until all site tasks have been completed and equipment and supplies have been decontaminated and removed from the site. The FTL, HSO, or RCT will ensure that site zones are posted and intact when leaving the site, and will be responsible for breaking down the zones when site activities have been completed. Only RADCON personnel can post or remove RADCON postings. This will be accomplished in accordance with *Radiation Protection Manual*, 15A, and MCP-187.

7.4 Designated Eating and Smoking Area

Ingestion of hazardous substances is likely when workers do not practice good personal hygiene. It is important to wash hands, face, and other exposed skin thoroughly after completion of work and before smoking, eating, drinking, and chewing gum or tobacco. The JSS or HSO will designate smoking and eating areas. No smoking, chewing, eating, applying lip balm, or drinking is allowed within the site work zones. As a minimum, all personnel will wash their hands prior to using designated eating or smoking areas.

All personnel who enter the established radiologically controlled areas must complete a survey as prescribed in the RWP prior to using established eating or smoking areas. Designated eating areas for the site personnel will be the vehicles or established eating areas that may include the Central Facilities Area (CFA) cafeteria. Designated smoking areas outside CFA/INTEC must have a smoking receptacle and a 4.54-kg (10-lb) ABC fire extinguisher at a minimum. The entire project is conducted within an area of contamination (AOC) where smoking is prohibited.